

87 Nepperhan Ave
Room 212
Yonkers, NY 10701

CITY OF YONKERS
HOME IMPROVEMENT
LICENSE APPLICATION

Phone: 914-377-6808
Fax: 914-377-6811
Website:
www.YonkersNY.gov

INSTRUCTIONS FOR USING THIS FORM

Please Note:

If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.

Requirements:

1. Application must be signed by the applicant before a Notary Public.
2. Copy of each vehicle's registration used in the business operation. Bumper stickers will be issued for each registration submitted. Each bumper sticker must be placed on the back fender of permitted vehicle.
3. Copy of a valid Driver's License issued by the Motor Vehicle Department. If you do not have a Driver's License, a copy of a Motor Vehicle issued ID Card is required.
4. Certificate of Insurance for general contractor liability (\$500,000) must be submitted, with the City of Yonkers, Office of Licensing/Consumer Protection/Weights and Measures named as a certificate holder.
5. Validated Certificate of Authority card from the New York State Department of Taxation, for sales tax collection. If you engage in Capital Improvements alone, and will not charge NYS sales tax, the CAPITAL IMPROVEMENTS ONLY clause on page three must also be signed before a Notary. To obtain this information call 1-800-972-1233.
6. Certificate of Workers' Compensation Insurance, Form # C-105.2 or SI-12, with the City of Yonkers, Office of Licensing/Consumer Protection/Weights and Measures named as certificate holder. If you are exempt from Workers' Compensation Insurance, you must submit form CE-200. This form can be obtained on line at www.wcb.state.ny.us, by calling 866-746-0552 or you can visit any Workers' Compensation Office.
7. If applicant is a member of a partnership or sole proprietor of the business and it is located within the County of Westchester, a copy of the Business Certificate obtained from the County Clerk of Westchester County must be provided. For County Clerk call 914-995-2000. If applicant is a corporation, copy of Certificate of Incorporation or filing receipt must be submitted.
8. Application fee of \$300. Payment may be submitted in Cash, Money Order or Business Check. Please make checks payable to The City of Yonkers.
9. Background check will be conducted by the City of Yonkers.
10. No license shall be assignable or transferable.
11. Notify this office IMMEDIATELY of any changes in the information supplied by you on this application.
12. All vehicles of licensees conducting business in the City of Yonkers shall display on the sides of the body of the vehicle, in permanent letters legibly printed, stamped or enameled at least eight (8) inches in height and one and one-half (1 1/2) inches in width, or on a sign attached to the sides of the vehicle or prominently displayed on an enamel sign at least two by three (2 x 3) feet in size permanently attached to the vehicle the name, address and phone number of the owner/business.

*****Please Note:** Updated Certificate of Liability Insurance and Certificate of Workers' Compensation Insurance **MUST** be submitted annually.

EXPIRATION DATE:

License expires two years following date of issuance

Mike Spano, Mayor
John Liszewski, Commissioner, Finance
Kerry O'Brien Hess, Director

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Home Improvement

Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

Name:		Social Security #:		
Home Address (P.O. Boxes Not Accepted):				
City:		State:		Zip:
Home Phone #:		Cell #:		E-mail:
Date of Birth:	Sex:	Height:	Hair Color:	Eye Color:
Are you a citizen of the United States?				
If not, please provide a copy of your INS A Card and #				
Have you ever been arrested or convicted of a crime?				
If yes, explain:				
Name of Company:				
DBA/Trade or Display Name (If same name, enter N/A):				
Address:				
City:		State:		Zip:
Telephone:		E-mail:		
Type of Ownership: ____individual owner ____partnership ____corporation				
Number of vehicles used in business_____. Attach copy of each registration.				
Does company operate at additional locations than listed above? ____ If so, please complete a Supplementary License Application.				
Type of Home Improvement you perform:				
Has applicant's Home Improvement License ever, in this or other jurisdiction's been revoked?				
If yes, provide details:				
Has the applicant ever been licensed under trade/display/company name?				
If yes, provide details:				

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FOR CORPORATIONS:

Name and Title of officer of corporation, or a designated agent upon whom process or other legal notice may be served:

Name: _____ Title: _____

Description of Home Improvement work engaged in by applicant: _____

Is company/applicant licensed in any other jurisdiction? ____ Yes ____ No If yes, give jurisdictions and license numbers:

FOR PARTNERSHIP: Provide the following information for each owner, partner, officer and sales person and general manager

Name	Address	Social Security #	Telephone #

List all unsatisfied judgments in which the applicant, partner(s), or if corporation, each officer are named as judgment debtor. If none, so state. (use extra sheets if necessary)

DATE	Name of Judgment Debtor	Name of Judgment Creditor	Disposition—Court and Date

Insurance and Sales Tax Information

Worker's Compensation Policy #: _____ Expires: _____

Name of Company: _____

Disability Benefits Insurance Policy #: _____ Expires: _____

Name of Company: _____

NYS Sales Tax Authority #: _____ Expires: _____

Certificate of Insurance Policy #: _____ Expires: _____

Name of Company: _____

Mike Spano, Mayor
John Liszewski, Commissioner, Finance
Kerry O'Brien Hess, Director

I, _____, being duly sworn, deposes and says that all of the answers in the foregoing application are true, and that the photographs attached hereto were taken within thirty (30) days of the date of this application.

Sworn and subscribed to before me

This _____ day of _____, 20____.

Signature/Date: _____ Print name: _____

Notary Public

Hold Harmless Clause

The contractor agrees to protect, defend, indemnify, and hold the City of Yonkers and its employees free and harmless from and against any and all losses, claims, liens, demands, and causes of action of every kind and character including, but not limited to the amount of judgments, penalties, interest, court cost, legal fees incurred by the City of Yonkers et al, death or damages to property (including property of the City of Yonkers et al) and without limitation by enumeration, all other claims or demands of every character occurring or in anyway incident to, in connection with, or arising directly or indirectly out of the said agreement. The contractor agrees to investigate, handle, respond to, provide defense for, and defend any such claims, demands, or suit at its sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims, etc) is groundless, false, or fraudulent.

Signature of Applicant (highest ranking) Date
Company Official

Witnessed by Date

For Capital Improvements Only

Business Name: _____

Business Address: _____

Name of Applicant: _____

As a home improvement contractor, the above-named business engages in CAPITAL IMPROVEMENTS ONLY, and therefore, does not require a New York State Sales Tax Identification Number.

NOTE: False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Signature of applicant must be notarized

Sworn and subscribed to before me
This _____ day of _____, 20____.

Signature of Highest Ranking Company Official / Date

Notary Public or Commissioner of Deeds

Mike Spano, Mayor
John Liszewski, Commissioner, Finance
Kerry O'Brien Hess, Director